

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH, AND WELFARE

63-033232

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 69

FILED AUG 26 1963

VS 300
Rev. 4/59

1 0860

2 0860

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12 1-2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		c. CITY OR TOWN Rural-Lincoln Tmp.	
Length of stay in 1b 2 WK		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital		d. STREET ADDRESS (If outside, give location) Unionville	
3. NAME OF DECEASED (Type or print) First Ross Middle Humphreys Last Humphreys		4. DATE OF DEATH Month 7 Day 28 Year 63	
5. SEX M	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-29-92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Putnam Co. Mo.	
13a. FATHER'S NAME Andrew J. Humphreys		13b. MOTHER'S MAIDEN NAME Mary E. Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 01a Humphreys-Unionville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Orthostatic Hypertension DUE TO (b) Vertebral Basilar insufficiency DUE TO (c) Pulmonary Neoplasia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:15 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 7-28-63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Putnam Co. Mo.	
21. I attended the deceased from 1-6-63 to 7-28-63 and last saw him alive on 7-28-63 Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE L.W. McDonald MD (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) B.		23b. DATE 7-31-63	
23c. NAME OF CEMETERY OR CREMATORY Shoney Cemetery		23d. LOCATION (City, town, or county) Putnam Co. Mo. (State)	
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 7-30-63	
26. REGISTRAR'S SIGNATURE Marshall Durbin			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Marl E. Husted

Licensed Embalmer No.

3304

P. O. Address

Unionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.